

EMPLOYMENT AND BUSINESS AFFILIATION DISCLOSURE FORM

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Business Address)

submit herewith the following information to the State Corporation Commission for its use, in connection with the application of:

\_\_\_\_\_ (Applicant Name)

EMPLOYMENT RECORD  
(include employment for last seven years)

Dates		Name, Location, and Type of Business	Position Held
From	To		

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATION

I certify that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

\_\_\_\_\_ Date \_\_\_\_\_ Signature